

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11-30-2006

This report is mandatory under P.L. 86-357, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 410 et seq.

Entitled to See Date

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-15098	2. Fiscal Year Covered From: 1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Jason Winfield	Name Local #525, MI Reg. Council of Carpenters Labor Organization File Number 540482
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7856 East MN Ave.	Street 3617 Gembrit Circle
City Comstock	City Kalamazoo, MI 49001
State MI	State ZIP Code + 4 ZIP Code + 4
ZIP Code + 4 49044	
5. Position in labor organization. Local Conductor	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>7.a. Nature of Interest, Transaction, or Income</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7.b. Amount</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Signatures

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signed K. L. Tipton On 8-13-05 Data 269-449-2352 Telephone Number _____

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

B. Name and address of Business (including trade name, if any).

Name *Local #525 Fringe Benefit Fund.*

Trade Name, if any: *Carpenter*

P.O. Box, Bldg., Room No., if any

Street *6525 Centurion Drive*

City *Lansing*

State *MI* ZIP Code + 4 *48917*

B. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

*Trustee of Apprenticeship
Fund received reimbursement
for meeting and Conference expenses.*

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

*All Reimbursements are
for expenses directly incurred in
my capacity as trustee.
- attached*

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

MICHIGAN CARPENTERS' APPRENTICESHIP AND TRAINING FUND

TRAVEL EXPENSES RECEIVED FROM
JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

JASON WINFIELD

CHECK DATE	PAYEE	AMOUNT	PURPOSE
10/12/2004	Jason Winfield	\$251.25	10/11 & 10/12 Jt BOT Mtg Transportation
12/31/2004	Boyne USA Resorts	\$411.08	Hotel room for 10/11 & 10/12 Jt BOT Mtgs
	TOTAL	\$662.31	